

<b>Utah Medicaid Provider Manual</b>	<b>Over-the-Counter (OTC) Drug List</b>
<b>Division of Health Care Financing</b>	<b>Updated April 2005</b>

## OVER-THE-COUNTER DRUG LIST

Coverage of over-the-counter drugs (OTC) is outlined in SECTION 2 of the Pharmacy Manual, Chapter 2 - 4, *Prescribed Over-the-Counter Products*. In summary, OTC's are covered ONLY when (1) on the Medicaid OTC list and (2) ordered on a written prescription. OTC products may also have restrictions indicated on the chart which include the following:

Brand name allowed: Brand names are covered only when so noted.

Generic equivalent only: Only the generic equivalent of the brand is covered.

Limits: Limits and other criteria may be noted after the drug name.

NH: Drugs marked ' N H ' are reimbursable for patients who are residents of a long term care facility such as a nursing home. When the restriction applies to a drug, all dosage forms apply.

NTM: Item is covered under the Non-Traditional Medicaid program.

PCN: Item is covered under the Primary Care Network program.

Rejection for an "unrecognized" NDC code means the product is not covered.

**Use the 11-digit NDC Code for billing.**

Drug Name	Brand Covered	Limits	N H	NTM	PCN
acetaminophen				●	
antacid liquid and tablets		<ul style="list-style-type: none"> <li>- Tums rolls, covered</li> <li>- Tums -500, E-X, and Ultra NOT covered</li> <li>- Mylanta NOT covered</li> </ul>		●	
aspirin including enteric coated, buffered				●	
Axid AR	yes	(package ≥ 30 tablets )	●		
Benadryl		<u>generic equivalent only</u>	●	●	
Benadryl Allergy Decongestant	yes		●		
Benylin		<u>generic equivalent only</u>	●		
bisacodyl tablets and suppositories				●	
calcium tabs		oyster shell not covered	●	●	
chlorpheniramine			●		
citrate of magnesia		600 ml, maximum	●		
Claritin OTC NDC11523716005; Syrup 115237160301; Claritin-D OTC NDC 11523716203; 11523716202; generic NDC 24385047165; 00781507701; 00904562352; loratidine-D NDC 24385035152	yes		●	●	
Codimal DM (alcohol, dye, and sugar free)	yes		●		
contraceptive creams, foams, tablets, sponges, and condoms				●	●
Dramamine		<u>generic equivalent only</u>	●		
DSS caps, liquid, and syrup and concentrate drops 5% (Na+ or Ca++ salt)				●	
ferrous gluconate 325mg, sulfate 325mg/ elixir, 220mg/5c		30 tabs or equivalent	●		
Glucose blood test strips	yes	e.g. Freestyle, Chemstrip, One-touch, Ultra, etc.		●	●
Glucose	yes		●		
Gyne-Lotrimin		<u>generic equivalent only</u>	●	●	
hydrocortisone cream, ointment, supp.			●	●	
ibuprofen				●	

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Drug Name	Brand Covered	Limits	N H	NTM	PCN
Imodium AD		<u>generic equivalent only</u>		●	
insulin	yes		●	●	●
insulin syringe with needle-disposable		100/month maximum		●	●
kaolin with pectin suspension					
lancets		100/month maximum		●	●
Lotrimin, Lotrimin AF		<u>generic equivalent only</u>	●	●	
MAG-CARB	yes		●		
milk of magnesia				●	
Monistat-7		<u>generic equivalent only</u>	●	●	
Mortrin oral susp. NDC 00045018404			●		
Mortrin drops NDC 50580010015			●		
Mycelelex OTC		<u>generic equivalent only</u>	●		
niacin 250mg, 500mg for hyperlipidemia only		(SR, LA forms not covered)	●		
Nix and generic equivalent	yes		●	●	
Pediacare Cough-Cold	yes		●		
Pedialyte liquid and generic equivalent	yes	limited to children through age 10	●		
Pepcid AC (package size ≥ 50)			●	●	
Pepto-Bismol and generic equivalent	yes		●		
Poly Vi Sol		Iron formulations not covered	●		
Prilosec OTC			●	●	
prophylactics, male, female	yes				
pseudoephedrine HCL 30mg, 60mg			●	●	
psyllium muciloid powder			●	●	
Rid and generic equivalents, NDC 74300004140, 74300004120, 74300008200	yes		●	●	
Robitussin		<u>generic equivalent only</u>	●	●	
Robitussin DM		<u>generic equivalent only</u>	●	●	
Senokot 8.6mg tab		generic equivalent only	●		
Tagamet HB and generic equivalent	yes	package size ≥ 30	●	●	
Tavist-1		<u>generic equivalent only</u>	●		
Triaminic NDC 00043020218; 00043055504; 00043055508	yes	Only these NDC's covered	●	●	
Triaminic AM Cough & Decongestant, NDC 00043055804, and generic equivalents	yes		●	●	
Triminic Cold & Cough, NDC 00043056504; 00043056508 and generic equivalents	yes		●	●	
Triaminic Infant NDC 00043060505	yes			●	
Triaminic Night Time, NDC 00043054804; 00043054808 and generic equivalent			●	●	
triple antibiotic ointment 15gm			●	●	
Tri Vi Sol			●		
urine tests (Clinistix, Clinitest, Diastix, Ketostix)	yes				
Zantac 75, package size ≥ 20			●	●	